

<b>MQ-117</b> (11-13-98)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	
<b>APPLICATION FOR DUPLICATE MARKETING CARD</b>		1. NAME AND ADDRESS COUNTY FSA OFFICE  TELEPHONE NO. (Include area code):	
<b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 430. The information will be used to keep record of tobacco production by the producer. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in no issuance of marketing card unless a completed application form has been received. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.  According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0058. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b>			
2A. FARM NUMBER	2B. NAME AND ADDRESS	3. COMMODITY	
		4. CROP YEAR	5. MARKETING CARD SERIAL NUMBER
6. GIVE CIRCUMSTANCES CONCERNING THE LOSS, DESTRUCTION OR THEFT OF MARKETING CARD			
7. REPORT OF MARKETINGS IDENTIFIED BY LOST, DESTROYED OR STOLEN MARKETING CARD			
A. ACTUAL OR ESTIMATED QUANTITY MARKETED	B. NAME AND ADDRESS OF EACH TOBACCO BUYER OR WAREHOUSE		C. APPROXIMATE DATE OF EACH MARKETING (MM-DD-YYYY)
ENTER TOTAL OF COLUMN (A)			
8. APPLICANT'S CERTIFICATION			
<i>I certify that the above information is true and correct to the best of my knowledge. I understand that the marketing card reported above as lost, destroyed or stolen is canceled and should not be used to market tobacco. If found, I will immediately return the missing marketing card.</i>			
SIGNATURE OF APPLICANT			DATE (MM-DD-YYYY)
9. RE-ISSUED MARKETING CARD			
SERIAL NO.	SIGNATURE of CED or AUTHORIZED ISSUING AGENT		DATE (MM-DD-YYYY)

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APPLICANT'S COPY